

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036679

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 189

FILED SEP 25 1963

| | | | |
|--|---|--|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage | | c. CITY OR TOWN Carthage | |
| Length of stay in 1b 77 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital | | d. STREET ADDRESS 302 W Chestnut | |
| 3. NAME OF DECEASED (Type or print) First EMMA Middle R Last KNELL | | 4. DATE OF DEATH Month Sept Day 19 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-21-1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician | | 10b. KIND OF BUSINESS OR INDUSTRY Mortician | |
| 11. BIRTHPLACE (City and state or country) Moline, Illinois | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Edward Knell | | 13b. MOTHER'S MAIDEN NAME Susan Wheelock | |
| 14. NAME OF HUSBAND OR WIFE never married | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no | |
| 16. SOCIAL SECURITY NO. 99 | | 17. INFORMANT Frank W. Knell Carthage, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Chronic with of myocardial degeneration DUE TO (b) 1 week DUE TO (c) arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 1960 to Sept 19 '63 and last saw her alive on Sept 19, 1963 Death occurred at 3:20 P M m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE George H. Wood MD | | 22b. ADDRESS Carthage Mo | |
| 22c. DATE SIGNED 9/19/63 | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-24-63 | 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery | |
| 23d. LOCATION (City, town, or county) Carthage | | Mo | |
| 24. FUNERAL DIRECTOR KNELL MORTUARY | | 25. DATE RECD. BY LOCAL REG. 9-20-63 | |
| ADDRESS Carthage, Missouri | | 26. REGISTRAR'S SIGNATURE My Clinton | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 683
working under my personal supervision.

Student

John G. McConnell
Signature of Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No.

4459

P. O. Address

Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.